

DBUGVF's  
Rajarshi Shahu College of Pharmacy, Buldana  
**Mentee Information Form**

Full name	:	<hr/>	Please affix passport size Photo
Name of mentor	:	<hr/>	
Class	:	<hr/>	
Blood group	:	<hr/>	
Date of birth	:	<hr/>	
Mobile No.	:	<hr/>	
E-mail Id:	:	<hr/>	
Permanent address	:	<hr/>	
		<hr/>	
Parent's contact no.	:	<hr/>	
Local address	:	<hr/>	
		<hr/>	
Name of owner	:	<hr/>	Contact no. <hr/>

**Educational details**

Class	Board/ University	Score (%)
HSC		
FY		
SY		
TY		
Final		

Medical history if any 

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Hobbies: 

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Curricular, co-curricular and extra -curricular achievements 

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Strength: 

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Area of improvement: 

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Any other remark by mentor 

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Signature (Mentee)

Signature (Mentor)